



Holy Spirit Church

Parish School of Religion (PSR)

First Communion

Confirmation

REGISTRATION FORM 2020 -2021

Child's name: _____
first name middle initial last name

Father's name: _____
first name middle initial last name

Mother's name: _____
first name middle initial last name

Address: _____
Street City Zip

Home phone number: _____

Phone number to reach parent or guardian: _____

E-mail address: _____

Child's birthday: _____

Birthplace: _____
City State

Child lives with: _____

Custodial parent: _____

Religion of mother: _____

Religion of father: _____

Child's church of baptism: _____
Church City/State

School child attends: _____

Grade in 2020-2021: _____

Special circumstances: i.e. asthma, allergies, illnesses, etc.

